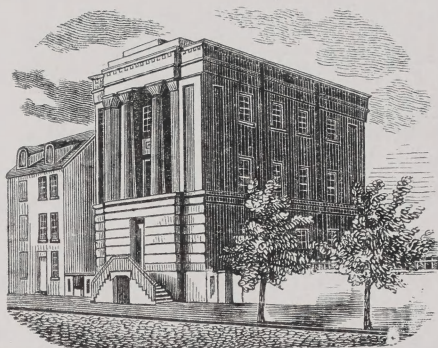


AN ESSAY ON

Uterine Hemorrhage

RESPECTFULLY SUBMITTED TO THE FACULTY OF THE



HOMOEOPATHIC MEDICAL COLLEGE
OF PENNSYLVANIA,

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Fifty-seven.*

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The life of a physician,
is truly one of great responsibility.
Therefore, in order that he may
be enabled to meet the demands,
that will be continually freking upon ^{him},
and discharge them in such a
way, as not only to give satisfaction
to those, whose right it is to claim
it of him, but also to himself;
it is needful, that he be endowed
with knowledge, capable of thought, under
all circumstances, and prompt in acting.

But where, or in what disease, will these requirements be called more in requisition, than in the different forms of Uterine Hemorrhage.

A knowledge of the anatomy and character of the uterus, the causes occasioning hemorrhage of, and the action of remedies, upon it are needful, that he may base thereon his thoughts, and bring into action, those means, by which he may be enabled to check that flow, which would otherwise only cease with the cessation of life.

The uterus, the home of the foetus, when without its occupant, is situated in the center of the pelvis, above the vagina, and between the bladder, and rectum,

It is a hollow, pear shaped organ; somewhat flattened anteriorly, and is about three inches in length, two in breadth, at its widest portion, and one in thickness.

For description, it has been divided into three portions, body, fundus, and neck. The superior third is termed the fundus, the middle, the body, and the inferior third or constricted portion the cervix or neck while its opening is termed the os uteri or os tincæ.

It is composed of serous membrane externally, of mucosanguineous membrane internally and its middle coat or substance of gray muscular tissue.

There are entering into its formation blood vessels, nerves and absorbents.

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It is supplied with blood, from the uterine and spermatic arteries. The nerves are distributed to it from the sacral plexus of the cerebro-spinal system and from the great sympathetic.

It remains seemingly dormant, until puberty, when it is roused into action, and exhales a fluid monthly, preparatory to, or necessary, for conception.

But what a change takes place in it, after receiving that precious being which it is to lodge, nourish and finally expel. It changes its situation, for instead of remaining in the pelvis, it rises, as though conscious of its superiority, and becomes an abdominal viscus. It also changes in size; whereas it was but three inches in length, it now increases to

twelve or thirteen, and otherwise in proportion

That structure, about which there has been so much dispute, now becomes one of the most powerful muscles of the body; whereas it was hard and consistent, now it becomes loose, spongy and distensible.

The vessels, nerves, and absorbents, also increase in proportion.

Having had but little sensibility, it now becomes exceedingly sensitive.

And the veins which were hardly traceable, now become the source of dangerous hemorrhage, owing to the separation of the placenta and membrana decidua, from their fatalous orifices.

Hemorrhage may occur at any time during the period of gestation

during parturition, and even after labor has been completed, until there is a firm and permanent contraction of the uterus secured.

In treating of uterine hemorrhages I shall class them into four different classes or kinds, on account of the different causes occasioning and the time of their occurrence, namely; accidental; unavoidable; hemorrhage before the expulsion of the placenta; and hemorrhage after its expulsion.

Accidental hemorrhage. This is owing to a partial separation of the placenta or membranes, from the body or fundus of the uterus.

It is occasioned by injuries, such as, blows; shocks; and strains; also

by an inordinate action of the uterus, and by disease of the placenta or veins,

The blood generally escapes externally, but not always. It may be retained by the adhesions of the membranes, by the formation of coagulum, and by the separation of the center of the placenta while the circumference remains adherent.

If the blood be retained, there will be dull pain, and a feeling of weight and tension, at the part; also enlargement of the uterus with the general symptoms of hemorrhage; such as paleness of the face, coldness of the extremities; ringing in the ears; dimness of vision

and fainting. When fainting occurs, the hemorrhage ceases, until the patient is aroused, when it again recurs; then again she faints, thus alternating, unless arrested, till death supervenes.

To diagnose it from unavoidable hemorrhage, we must firstly take into consideration the causes occasioning them; Accidental hemorrhage being generally caused by injuries; while unavoidable is caused by the dilatation of the os uteri or the expansion of the cervix; secondly, the time of its occurrence

Accidental hemorrhage may occur at any period, but is checked by contractions of the uterus, while unavoida-

ble, only occurs during the last few weeks of gestation, and is increased by contractions. Lastly, if by an examination per vagina, the placenta be found situated over the os, or on the neck; it is a case of unavoidable hemorrhage; but, ~~find~~ finding, no placenta, but simple membranes covering the parts, it is a case of accidental hemorrhage.

Thus having learned the nature of the case; the treatment, should be chosen accordingly. If the patient has not reached her full term, we should try, to arrest the hemorrhage and prevent miscarriage. Therefore rest in the horizontal position, is all important and should be strictly enjoined, till hemorrhage has ceased; also such

medicines given, as the symptoms and cause, demands. The principal ones, being, Arsenic, Bell, Ipecac, Sabina and China. The Sassafras has been recommended by some, but taking into consideration the distensibility of the organ and that the more it is distended the greater the flow, and the less power it has of contracting; I consider it a dangerous remedy, and would not use it after the third month, except in unavoidable hemorrhage.

But if the hemorrhage continue for ^{or if she} ~~long~~ has reached her full time, the membranes should be ruptured, and such means used as will induce contraction.

If these fail we should turn the child and deliver, thus terminating the labor.

Unavoidable hemorrhage This is owing to the attachment of the placenta over the os ⁱⁿ cervix; Therefore as labor cannot take place without a partial separation of the placenta, there must of necessity be more or less hemorrhage.

It does not generally take place before the last two or three weeks of gestation, but it may occur during the last two months; if so, it is owing to the enlargement of the cervix.

It comes on suddenly, without warning, and is more or less profuse according to the separation of the placenta.

If it takes place previous to the commencement of labor, there will be sudden gushes of blood without any apparent cause, then it will subside

then again recur, thus recurring and subsiding at uncertain intervals until labor commences, when it will be poured forth at every contraction unless some means are employed to prevent it.

If the hemorrhage takes place before the period of labor, such means should be used as will check and prevent its recurrence. Rest in the horizontal posture and diet are the most essential and will generally control it, with the use of *arnica* or *sabina* or such medicines as the symptoms require, until labor commences.

But if hemorrhage be profuse or labor commenced; an examination should be made in order to deter-

mine the situation of the placenta
and the dilatability of the os uteri.

If the placenta be not situated over
the os, but on one side of the cervix,
the membranes should be ruptured,
and treated as if accidental; For
the rupture of the membranes will
cause the evacuation of the waters;
therefore lessening the volume of the
uterus, and exciting it to contraction,
thus pressing the head upon the bleed-
ing surface, and causing the cessa-
tion of the flow.

But if the placenta be situated
over the os, and the os be dilated
or dilatable, the delivery should be
proceeded with without delay for the safe-
ty, both of mother and child, depend

upon a careful and speedy delivery.

The position of the child should be ascertained if possible; then the patient placed in the most favorable position, which will be on the left side with the knees drawn up toward the abdomen, and there restrained by the assistants. After preparing that hand the palm of which, will most readily pass over the abdomen of the child; the fingers should be contracted in the shape of a cone, and slowly insinuated through the vagina, then through the os, separating the placenta from one side, and after gaining the membranes they should be ruptured and the hand pressed within and up over the abdomen of the child, until the feet are

gained; then they should be brought down, thus causing the child to revolve on its own axis.

After the feet have been brought into the vagina, causing the breech to press upon the bleeding surfaces; but little traction should be used, unless hemorrhage continue profusely; but friction and slight pressure should be made over the uterine tumor, to excite it to contraction.

Bulb, or Secale, might be used with advantage, in such a case.

But should the os not be dilated, either dilatable, which is most apt to be the case in the early stage of labor, even while profuse hemorrhage, is transpiring, the only alternative

is, to use such remedies as will check the flow untill dilatation takes place, or the os becomes dilatable, For delivery under such circumstances would not only be extremely difficult, but exceedingly dangerous, the chief dependence in such a case, will be on the use of the tampon, untill the os is dilated.

But at the same time such palliatives should be used as the occasion will allow, such as rest in the recumbent posture, cold application to the parts, freedom from all excitement and if the patient be thirsty cold water should be given, also such medicines, as the symptoms indicate.

after the tampon has been introduced the dilatation of the os, should be ascertained, by the frequency and character of the pains, for the removal of the plug, to examine as to its state, would give rise to a recurrence of the hemorrhage.

But when dilatation ^{has} taken place the tampon should be removed and delivery accomplished.

Well would it be for the patient if when delivery was accomplished hemorrhage would cease, or not occur.

But on the contrary, it is far more frequent after the expulsion of the child than before.

Hæmorrhage before the expulsion of the placenta; This is owing to one of four

causes, or those more or less combined, namely, atony of the uterus, adhesions of the placenta, irregular contractions of the uterus, and rupture of the placenta. But the treatment will be mostly indicated, by the state of the uterus.

If there be atony of the uterus, the first thing to be done, will be to rouse it to action, which may often be accomplished, by friction on the abdomen, or by grasping the uterine tumor, and producing a kneading action, with the fingers, but if that does not cause it to contract, cold water should be dashed on the abdomen, or the hand or cloths wet in ice water and placed thereon, while at the same time pressure

and friction be produced, although those means generally produce contraction they may sometimes fail, if so, the hand should be introduced within the uterus and gentle friction produced. Scale or Pulsatilla should be used in such a condition, also cold ^{water} drunk if anything.

But when there are contractions of the uterus and the placenta be not expelled, the inference will be, that the placenta is attached, or that there ^{are} irregular contractions of the uterus.

In such a case, the hand should be prepared and carefully passed within the uterus, which will not be easily accomplished especially if

there be irregular contractions, but by perseverance the resistance will be overcome. Having overcome the resistance and gained the placenta, it ^{should} be separated by carefully insinuating the fingers between it and the uterus. The hand should be ^{kept} pressed over the whole of the maternal surface, that no part may remain adherent; when it may be withdrawn or permitted to be expelled.

Although labor may have terminated favorably, the placenta expelled and the uterus contracted, there ^{may} yet be hemorrhage, even sufficient to cause death of the patient.

Hemorrhage after the expulsion of the placenta. This is most often

occurs from stony of the uterus, owing to the sudden emptying of its contents, or long, and difficult labor.

Then again it may occur, when there are strong contractions; being prevented from wholly closing its cavity by there remaining attached parts of the placenta and membrane or clots of blood.

It is at this period that concealed hemorrhage most often occurs; and is the most dangerous; for there being still an opening of blood a coagulum may form at the os; thus preventing its flow externally, and as the uterus is more easy of dilatation at this period, it dilates; thus opening the bleeding vessels,

increasing the flow, and consequent
by the dilatation.

The physician at this period should
watch carefully the symptoms and
if his business call him away, he should
put the attendants on their guard
lest otherwise, the deceitfulness of
this kind of hemorrhage, might
cause them not to perceive the danger
until the alarming symptoms aroused
them to action; when it might
be too late: for without promptness
in the application of the right
means, the patient would expire.

The symptoms of hemorrhag^{one}_{es}
fading of the countenance; flaccidity
of the pulse; coldness of the extremities;
dyspnoea; vomiting; ringing in the

ears, or morbid acuteness of hearing;
dimness of vision; and fainting
but these may all occur without
hemorrhage; therefore we must look further,
If it be external it will be readily
perceived; if internal the uterus
will be found enlarged, soft and
fluctuating; but if by an examination
it be found, small and firmly
contracted, with no blood exter-
nally; the cause of the symptoms,
must be sought for elsewhere.

The treatment will be nearly the
same as that before the expulsion
of the placenta; for if there be atony
of the uterus, it should be roused
into action by the same means;
also when there are formations,

of coagula or portions of the placenta and membranes remaining adherent, the hand should be introduced and the uterus emptied if possible; in order that firm contraction may be secured.

But if all the means fail, which have been enumerated, then would I resort to injections; such as ice water or salt water, Iodine has been recommended for an injection, by M. Suferris, of Havana, Cuba.

He states, that a half ounce of Iodine with an ounce of water injected into the uterus, will secure a permanent contraction of it, and that he has tried or seen it tried in over an hundred cases, and it did not

fail but once. If so the question arises does it not act homoeopathically upon that organ, and would not a less quantity produce the same effect?

Galvanic shocks would tend to rouse it to action, but the safety of the patient will depend on the prompt use of those means, which are always at hand

The safety of the patient will greatly depend on the management after hemorrhage.

She should be kept perfectly quiet and in the horizontal posture; the bandage applied, but no change made in the clothing for many hours; neither should warm drinks or indigestible food be given, but cold water or cold tea, may be given

at first, and after a few hours warm tea may be allowed,

The diet should be simple farinaceous articles, for a few days; but animal food, fish and oysters, should be entirely prohibited.

The medicinal means to be used, will depend in a great measure upon the symptoms present; but annica may be given, to aid nature in reacting, as well as to overcome the effects of injuries to the parts.

If there be great irritability, coffee, chamomilla, may be given; also mosea, according as they are indicated.

And if different symptoms arise they should be combated by appropriate remedies